



COMPANY'S COPY

## Account statement Employee Benefits

PERSONAL and CONFIDENTIAL

Page : 01  
 Policy Number :  
 Issue Date : 15/01/20xx

Info about this extract :  
 Phone Number :

Currency: EUR

|                      |  | Due Date   | Transaction                        | Debit  | Credit |
|----------------------|--|------------|------------------------------------|--------|--------|
|                      |  |            | BALANCE PREVIOUS ACCOUNT STATEMENT | 104,40 |        |
|                      |  | 07/01/20xx | PAYMENT                            |        | 104,50 |
|                      |  | 07/01/20xx | CORRECTION                         | 0,10   |        |
|                      |  | 08/01/20xx | PAYMENT                            |        | 200,00 |
|                      |  | 09/01/20xx | TRANSFER FROM / TO                 | 100,00 |        |
|                      |  | 10/01/20xx | REIMBURSEMENT                      | 100,00 |        |
|                      |  | 31/01/20xx | PREMIUM SETTLEMENT                 | 104,40 |        |
| <b>Sub Total</b>     |  |            |                                    | 408,90 | 304,50 |
| <b>Balance Total</b> |  |            |                                    | 104,40 |        |

**We request you to pay the total debit balance as soon as possible by using the attached transfer form.**